



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183784
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1183784

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

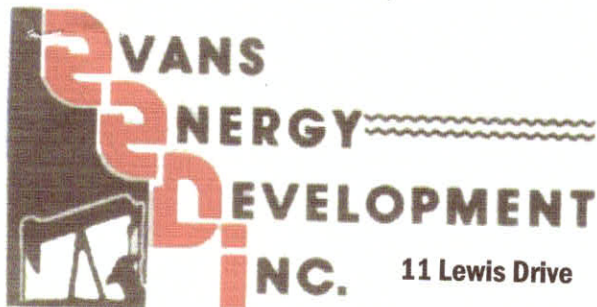
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Verde Oil Company

Becker

~~Campbell~~ #4-2

API #15-001-30,877

November 20 - November 26, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
9	broken lime	14
19	lime	33
2	shale	35
20	lime	55
4	shale	59
2	lime	61
20	shale	81
26	lime	107
4	shale	111
15	lime	126
1	shale	127
3	lime	130
2	shale	132
26	lime	158 base of the Kansas City
146	shale	304
3	lime	307
3	shale	310
9	lime	319
86	shale	405
3	lime	408
7	shale	415
9	lime	424
5	shale	429
5	lime	434
41	shale	475
14	lime	489 oil show
68	shale	557
1	lime	558
45	shale	603
1	lime	604
110	shale	714
2	oil sand	715 brown sand, good bleeding
3	oil sand	719 black & brown, good bleeding
5	shale	724
1	coal	725
25	shale	750
15	silty shale	765

16	shale	781
2	sand	783 grey & black, no show
9	shale	792
3	broken sand	795 brown & grey sand, minimal bleeding
5	shale	800
7	broken sand	807 light brown hard sand & shale minimal bleeding
2	broken sand	809 brown sand & silty shale, ok bleeding
3	black sand	812
3	silty shale	815
3	broken sand	818 grey sand & shale, no oil
2	shale	820
3	silty shale	823
1	broken sand	824 brown sand & shale, ok bleeding
7	oil sand	831 dark brown sand good bleeding
3	broken sand	834 75% shale 25% brown sand ok bleeding
11	oil sand	845 black & grey sand, ok bleeding
2	sand	847 light brown no oil
11	grey sand	858 no oil
40	shale	898 Mississippi

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 898'

Set 22.5' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 894' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 baffle, 1 seating nipple



CONSOLIDATED
Oil Well Services, LLC

264457

TICKET NUMBER 44906

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/27/13	8520	Becker # 4-2	Sw 29	26	20	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Verde Oil			712	Frc Mad		
MAILING ADDRESS			495	Har Bec		
3345 Arizona Rd			675	Kei Dax		
CITY	STATE	ZIP CODE	548	Mik Haa		
Sauonburg	KS	66772				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 899 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 894 DRILL PIPE Baffle in TUBING @ 884 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
 DISPLACEMENT 15.14 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.8 BPM

REMARKS: Hold crew safety meeting. Mix + Pump 100# Gel Flush, Mix + Pump 120 sks 50/50 Poz Mix Cement 270 Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace Customers 2 1/2" hatch down plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve shut in casing.

Evans Energy Dev. Inc. Mitchell

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	70 mi	MILEAGE	495	294 ⁰⁰
5402	894	Casing footage		N/C
5407A	390.6	Ton Miles	548	550 ⁷⁵
5502C	2 1/2 hrs	80 BBL Vac Truck	675	225 ⁰⁰
1124	120 sks	50/50 Poz Mix Cement		1380 ⁰⁰
115B	382#	Premium Gel		66 ⁴⁴
1111	232#	Granulated Salt		90 ²⁵
110A	600#	Kol Seal		276 ⁰⁰
			7.4%	SALES TAX
				ESTIMATED TOTAL
				134 ¹⁶
				4101 ⁸³

completed

Flavin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form